

## University of Maine at Presque Isle

### GENTILE HALL – DAY PASS USER – REQUIRED EACH VISIT

#### PROGRAM PARTICIPANT AND ASSUMPTION OF RISK AND RELEASE

I have voluntarily agreed to participate in the use of any University of Maine System Campus's recreation facilities and participate in the activities and programs of such, and in consideration of the voluntary nature of such participation and use, ("recreation center activities"), I hereby acknowledge, declare and agree as follows:

- 1) That I have voluntarily agreed to participate in recreation center activities from today (date signed) through exactly four (4) years (1460 days) from today, and in consideration of being permitted use of the facilities and participation in recreation center activities, do voluntarily execute this "Release and Assumption of Risk" on behalf of myself, my heirs and next-of-kin, my personal representatives, and my estate.
- 2) That I have been fully informed (see below) of the nature, scope and demands of recreation center activities, and I understand that recreation center activities may include activities which could be dangerous to me and other participants and which could cause property damage, bodily injury and/or death. **\*Such dangers, hazards and risks of this activity may include, but are not limited to, injuries inflicted by the following:** All manner of injury resulting from falling and impacting the floor, ground, wall, climbing surfaces, equipment, and projections, whether permanently or temporarily in place ◆injuries resulting from activities within the facilities used in recreation program delivery or outdoor fields or locations ◆failure of exercise equipment, sports equipment, sports surface, pool, or other structure ◆injuries caused through inappropriate technique or overuse including but not limited to tendonitis, strains, sprains, abrasions, bruises, dislocations, joint swelling, muscle aches, and fractures ◆harm and injury, including death, shortness of breath, and light headedness, resulting from increased heart rate, increased blood pressure, and strenuous physical activity.\*
- 3) That I shall comply fully with the rules/regulations and directions provided by the staff at any of University of Maine System campus recreational facilities or programs. Further, I understand that I will be disqualified from the activity and/or facility in the event that I fail to comply with said rules.
- 4) That I am able physically to withstand and cope with the disclosed rigors of recreation center activities with or without a reasonable accommodation. If an accommodation is needed, I will contact the director of the facility for the campus on which I require accommodation.
- 5) I acknowledge that I have either have had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment, supplies and machinery in my activities.
- 6) That the University of Maine System and related campus recreation program (hereinafter referred to as the "University") have informed me that there may be dangers and hazards inherent to participants in recreation center activities because of the activities involved, and that I personally recognize and appreciate that such dangers and hazards exist. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer or cause to others, for all damages or loss to any personal property owned by me or damages by me, while I am participating in recreation center activities and during all travel and transportation, and, in furtherance thereof, I agree to indemnify, hold harmless and release the University, its Trustees, faculty, employees, volunteers and agents, from and against any and all claims, demands, actions or causes of action, on account of damage or loss to my personal property, my personal injury or death, or the bodily injury, death or damage to personal property of others caused by me, which may occur or result directly or indirectly from my participation in recreation center activities, **INCLUDING AS A DIRECT RESULT OF ANY NEGLIGENT ACT OF THE UNIVERSITY, ITS TRUSTEES, FACULTY, EMPLOYEES, VOLUNTEERS OR AGENTS.**
- 7) That this "Release and Assumption of Risk" shall be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, void, unenforceable or illegal, the remainder shall continue in full force and effect.

**Children under 14 years of age, must be directly supervised in specific areas at all times by an adult, 18 years of age or older. Children under 14 years of age, found unsupervised in specific areas will be asked to leave. Children 13 and younger are not allowed in the Fitness Center.**

**Adults 18 and older, please fully complete the following information and sign appropriate signature area(s) at bottom.**

***Proof of Date of Birth May be Required***

Full Name of Participant	Age
1/	
2/	
3/	
4/	
5/	
6/	

***Name of Responsible Adult staying with children 13 and younger:***

***(This adult is 18 years of age or older, responsible for supervising child(ren) under the age of 14 and will be staying in the area that the child(ren) are in.***

***Emergency Contact NAME:*** \_\_\_\_\_ ***and***

***Phone Number:*** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**PARTICIPANT CONTACT INFORMATION:**

**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State/Province** \_\_\_\_\_ **Zip/Postal Code** \_\_\_\_\_

**Cell Phone** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **in case you leave something behind**

I declare that I completely understand and have fully informed myself of the terms and conditions of this "Release and Assumption of Risk" by having read it, or having it read to me, before signing and I intend to be fully bound thereby.

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Primary Member/Parent/Legal Guardian if Member is under 18 years of age**

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**2<sup>nd</sup> Adult Member/Parent/Legal Guardian if Member is under 18 years of age**

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